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REPORT

OF THE

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COMMITTEE OF MEDICAL EDUCATION,

APPOINTED BY THE

MEDICAL SOCIETY OF THE STATE OF NEW YORK, (Founded 1807)
" Committee of Medical Education

FEBRUARY, 1859.

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REPORT.

Upon motion of Dr. Vanderpoel, the Report on Medical Education was ordered to be forwarded to the American Medical Association, as an expression of the sentiments of the Medical Society of the State of New York.

Dr. J. R. Wood, of New York, moved that a sufficient number of extra copies of the report of Dr. Howard Townsend on Medical Education be printed, to furnish each State Society in this country, and each College, with a copy. Adopted unanimously.

S. D. WILLARD, *Secretary*.

At the annual meeting of the New York State Medical Society, held in Albany, in February, 1859, Dr. Thomas C. Brinsmade, then president of the society, in his inaugural address, made the following suggestions :

“ A means of elevating the standard of medical education and of increasing the dignity of the profession, has been proposed to the society at some of its former meetings, but no decided expression has been obtained upon the subject. I allude to the institution of a second degree in the medical profession. The power to confer such a degree could be vested in the same boards which now grant the degree of Doctor of Medicine, or a special board might be constituted for the purpose of examining candidates for the honor. It is singular that a man in the medical profession should obtain his highest title at the very beginning of his career, and that in this respect all should be honored alike. In theology and law it is different. The titles of Doctor of Divinity and Doctor of laws, are not acquired until the recipients have earned them by years of study and practice.

The name of the highest degree might be Doctor of Medicine, and that of the first Bachelor of Medicine, or the first might be the same as it is, and the second termed the honorary. Whatever the first degree might be called, it should be conferred only upon the same prerequisites in regard to preliminary and medical education

which are at present insisted upon by colleges and censors; and it should give the same right to practice that the degree of Doctor of Medicine does under the existing order of things.

The practitioner would then have as high a position as he now has, his privileges would be the same, and the public would be as well protected. After three years of a prescribed course of study, with hospital or private practice, the candidate for the second degree should be required to present himself for a second examination.

The medical colleges and schools can have no objection to the measure, as many who should desire to obtain the distinction, would doubtless avail themselves of the advantages which those institutions offer. A course of lectures, and opportunity for observation in hospitals, would be much more profitable to and appreciated by the conscientious man desirous of improvement, after having experienced for a few years the trials and disappointments with which every young physician will inevitably meet.

The withholding of the higher title for a few years, would at least be an inducement for him to continue his studies for a time after his first graduation, by not ceasing to be a student immediately upon his entrance into active life, perhaps a habit might be established which would last.

It is well known that graduates from the medical colleges are not admitted to the position of surgeons in the army and navy, until they have passed a very rigid examination by an impartial board. Is it more oppressive to require the young physician in private practice to gain his honors and station by study and observation, than it is for the young army, or naval surgeon? or are the lives of civilians less valuable than those of soldiers and sailors?

Probably no method has been proposed better tended to exalt the character and standing of physicians, than this, and it is one which will be sooner or later adopted.

I have thought this an appropriate time to bring it before this society that they might consider the propriety of presenting it to the convention of the professors of the medical schools of the country, which is to be held at Louisville, on the day previous to the meeting of the American Medical Association, to devise a uniform system of medical education, in the form of a memorial, resolutions, report of a committee, or in whatever manner they may judge proper."

In accordance with the above suggestions, it was moved by Dr. Alexander Thompson, "that a special committee be appointed to which shall be referred so much of the president's inaugural address as relates to conferring the second degree."

Which motion having been adopted, the president appointed a committee consisting of the following gentlemen: Drs. Howard Townsend, Alexander Thompson, and Thomas W. Blatchford.

Though the committee was nominally appointed to report upon so much of the president's inaugural address as relates to conferring a second degree in medicine, we think that the very words of the address will justify us in not restricting ourselves to the consideration of the subject of a *second degree* simply, but to report, to employ the language of the address, "upon the means of elevating the standard of medical education."

But before proceeding to the subject matter of the report, "the means of elevating the standard of medical education," we would preface it by a few remarks in reference to the second degree.

Reviewing the proceedings of the American Medical Association in reference to this subject, as also the proceedings of the different State societies, we find that the idea of the second degree may be traced for its origin to the efforts of the committee on medical education appointed at a preliminary meeting of the United States Medical Association, held in the city of New York in May, 1846. This committee reported in May, 1847, but only reported in favor of some means of raising the standard of medical education in all the States.

Among other suggestions, they recommended in their report, that the courses of lectures at the medical schools should continue through a period of six months, the whole period of study to be three years; the medical schools to have not less than seven professors; courses of Dissections, and attendance upon college and hospital clinics, to be deemed obligatory; but in all their report no reference was made to a second degree. The report was adopted.

At the meeting of the American Medical Association in May, 1848, the subject of "two degrees in medicine," was introduced by Dr. Joel Hopkins, of Maryland, suggesting that the first degree should be "Bachelor of Medicine," and the second "Doctor of Medicine."

The subject was referred to the standing committee of medical

education, and was subsequently reported upon, and though commended, it was not deemed expedient to suggest its adoption.

In 1859, the American Medical Association met at Louisville, Kentucky, when the subject of a second degree in medicine was discussed at a preliminary meeting of the medical teachers, who had convened for that purpose, when the propriety of bringing the subject before the general association was deemed inexpedient, "until a more propitious time should come, when the subject might be considered in a calmer and more dispassionate manner."

From all this, it would seem, that the idea of the second degree has not been entirely acceptable to the profession, and in this view we concur, and now, without entering upon any elaborate argument against it, we would merely present a few of our objections.

To those who have had any amount of experience in medical teaching in our land, it will be quite unnecessary to say, that the whole stress of elevating the standard of medical education being laid upon the second degree, seems like insisting upon attention only being paid to beautifying and adorning an edifice whose substructure and solidity may have been entirely neglected. Just as though, in the erection of a temple to Æsculapius, all orders had been given to a Phidias, or a Praxiteles to adorn and decorate it with works of their beautiful art, without bestowing any care to base the foundations of that temple upon some rock as solid and enduring as that of the Acropolis.

We would by no means depreciate the advantages of the finish and polish which would result from a second degree; but we too confidently believe that these very advantages, as they would necessarily prove, if based upon a thorough and well established first degree, without such basis, could avail little or nothing.

In reference to the argument of the necessity of a second degree, because of a similar one being already established in the professions of divinity and law, we must remember that in these two professions it is merely honorary, a few only obtaining it. Doubtless, merely conferring it upon these few, has an elevating effect upon all in those professions, and perhaps some similar reward would have an equally beneficial effect in our own; but in the medical profession we more urgently need just now the adoption of a system which would ensure a more thorough education for the mass of the profession. Some course obligatory for each

individual of the profession to pursue in order to obtain his degree, and by no means left to his option as regards its pursuit. That end, we think, will be best accomplished by insisting upon a more severe ordeal of study, and more thorough and rigorous examinations before a candidate can be admitted into the ranks of the profession.

As regards the argument in behalf of the second degree, becoming a necessity because of so many irregular practitioners having assumed the title *Medicinæ Doctor*, we do not deem it sufficiently important to attempt to confute at any length, for we can conceive of no reason, if the first degree has been so freely seized upon by such numbers of irregular practitioners, why any second and higher degree which might be established, may not be equally easily and freely assumed.

The old and well established degree *Doctor of Medicine*, we deem the proper fulcrum to rest that lever upon, which is to elevate the standard of our profession. But the requirements for this degree must be just such as are needed to ensure a thorough and accomplished medical education, and the examinations which are to determine how far those requirements have been attained, should be most severe, and thorough and impartial; and these examinations should be conducted only by those members of the profession who should be selected because of their being the most competent to institute such an investigation.

These points being established,

First. The necessity of a more thorough preliminary education before entering upon the studies of the profession;

Second. A longer and more thorough, (and by that we do not mean merely more extensive) course at the medical schools;

Third. A more thorough and severe ordeal for the final examination.

These points being established and carried out, we firmly believe the result would be an elevation of the standard of excellence in the medical profession.

Now, how these points may be established and carried out is a question involving some difficulty.

First, we would demand that all, upon commencing the studies of the profession, should sustain an examination to prove that they possess, at least, the basis of a good English education, a sufficient knowledge of the sciences to enable them to comprehend the principles of their application in anatomy, physiology and

therapeutics, and such a knowledge of the ancient and foreign languages as is essential to aid them in the studies of their profession, and such as will enable them to comprehend a medical prescription when written in Latin, which, until of late years, was, in all parts of the world, the only language used for a prescription.

In reference to the education after entering the medical school, a most thorough course should be pursued, any account of the detail of which, even were we able to draw it, would scarcely be in place to enter upon here, but in a few general words we would say that the student should pass a longer period at the lectures of the schools, the number of lectures a day should be limited to at most *four*; because if he be at the same time studying disease, where it can only be properly studied, at the bed-side in the hospital, and if he be studying practical anatomy and practical chemistry, as he by all means should do, in order to become accomplished in our profession, he will scarcely find time for more than his three or at most four lectures a day.

Instead of courses of lectures continuing only four or five months, they should, as in literary and scientific colleges generally, be continued for ten months of the year, or, perhaps, we may better express it by saying they should be continued throughout the year, excepting some eight or ten weeks for vacations.

In all the colleges there should be daily examinations, the classes being examined by the professors upon any and every point which they may have previously listened to in the lectures. This is not only an excellent plan as a review to refresh the memory, but also excellent as a discipline to inculcate habits of reflection and study.

The final examination for the degree should be one of severity, thoroughness and impartiality, and should only be conducted by a board of examiners composed of the most competent and able men, and of those best fitted for the duties who could be selected from our profession. The selection and appointment of the members of the board being the special privilege of the separate State societies, or of the American Medical association, as may hereafter be determined. It should be the duty of this board of examiners to meet, say twice in each year, at such parts of the State as they themselves might determine and then and there summon before them the candidates for examination who have been previously prepared at the different medical schools.

This board of examiners should be selected and appointed from

the profession at large, the medical schools always to be represented in the board.

The necessity of using every care in the selection and appointment of the different members of this board is too obvious to require any comment, indeed the whole success of the plan will depend upon their appropriateness to the office, appropriateness as regards *high moral character, intellectual ability, and general as well as medical attainments and culture.*

We conceive that some such plan as this, elaborated and consistently carried out in all its details would contribute greatly toward the elevation of the standard of medical education.

It would, in the first place, ensure a more thorough preliminary preparation for the study of medicine. Young men would come up to our schools properly prepared to appreciate and profit the instruction which they would there receive.

In reference to the instruction of the schools, in order that it should be all that is required of them, we would recommend that the plans which we have hinted at, should be fully developed and carried out in their minutest details. Then the thorough and severe ordeal of the final examination must be insisted upon; must be considered the *sine qua non* of the medical education.

We deem that these thorough examinations, too, will exercise an equally beneficial influence upon the medical schools themselves—an influence which alone would be worthy of all the efforts required to establish so excellent a censorship; for the necessary result of such examinations would be to encourage greater efforts on the part of the different schools to prepare the candidates which each one may send forth for examination, so thoroughly, that failure on the part of those candidates before the Board of Examiners would be the exception to the rule. Whereas, now, quite the contrary obtains, the examinations in too many, if not in most instances, being purposely superficial, in order to swell the list of graduates from each particular school. Now, the rivalry exhibits itself in the efforts the different schools make to increase the number of graduates; whereas, the new arrangement, we consider, would change the rivalry into that of sending the best prepared candidates for graduation, the necessary effect of which latter course will be to incite the most laudable efforts for success on the part both of professors and pupils.

Without doubt, the advancement of the science of medicine depends upon the genius and skill of those engaged in its pur-

suit; yet for its ultimate welfare and promotion, we must rely upon well established and thoroughly regulated institutions for the dissemination of medical knowledge.

The lower the standard of education is among medical men, the greater will be the number of ignorant pretenders to its benefits; and it matters not how few or how many degrees we may determine upon, there will be no actual advancement or elevation of the standard of medicine unless the reform commence with the *course of education itself*, instead of with the *degrees conferred*; which degrees, like the coin stamp, may be impressed upon the base metal, as well as upon that which has the true ring of gold.

HOWARD TOWNSEND,

THOMAS W. BLATCHFORD,

ALEXANDER THOMPSON,

Committee.